

111TH CONGRESS
1ST SESSION

H. R. 4041

To authorize certain improvements in the Federal Recovery Coordinator Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 6, 2009

Mr. BARROW introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To authorize certain improvements in the Federal Recovery Coordinator Program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. FINDINGS.**

4 Congress makes the following findings:

5 (1) Americans owe their freedom and livelihood
6 to the sacrifices that have been made by brave vet-
7 erans.

8 (2) The United States, therefore, has an obliga-
9 tion to provide veterans with adequate care and re-

1 sources to make their transition into civilian life as
2 smooth as possible.

3 (3) The Department of Defense and the De-
4 partment of Veterans Affairs offer many high qual-
5 ity services to help veterans in this transition, but
6 there has not been a good mechanism for providing
7 coordinated medical care for wounded warriors (vet-
8 erans injured in the line of duty).

9 (4) The Dole-Shalala Commission has rec-
10 ommended that a nationwide Federal Recovery Co-
11 ordinator Program be implemented to help expand
12 partnerships and collaborations and establish new
13 relationships for the benefit of members of the
14 Armed Forces returning from serving in support of
15 Operation Iraqi Freedom and Operation Enduring
16 Freedom and their families.

17 (5) The Federal Recovery Coordinator Program
18 has been implemented successfully at the city level
19 in one city in the country and the existing program
20 should serve as the model for national implementa-
21 tion.

22 **SEC. 2. IMPROVEMENT OF FEDERAL RECOVERY COORDI-**
23 **NATOR PROGRAM.**

24 (a) PROVISION OF COLLABORATIVE RECOVERY Co-
25 ORDINATOR TRAINING.—The Secretary of Veterans Af-

1 fairs shall provide collaborative recovery coordinator train-
2 ing at a qualified nursing or medical school selected by
3 the Secretary (hereinafter in this section referred to as
4 the “qualified nursing or medical school”), to lead system-
5 atic evidence review of care coordination and consensus
6 conference to build the model on evidence-based guide-
7 lines.

8 (b) LITERATURE REVIEW; CONSENSUS CON-
9 FERENCE.—

10 (1) IN GENERAL.—The qualified nursing or
11 medical school is hereby designated to lead literature
12 review and development of evidence-based guidelines
13 for recovery coordination, development of training
14 modules for care coordination and software that is
15 compatible with Department of Veterans Affairs sys-
16 tems for recovery coordination. The qualified nurs-
17 ing or medical school is hereby designated to lead a
18 consensus conference on evidence-based care coordi-
19 nation.

20 (2) AUTHORIZATION OF APPROPRIATIONS.—

21 There is authorized to be appropriated \$1,200,000
22 to carry out this subsection.

23 (c) CARE COORDINATION SOFTWARE DEVELOP-
24 MENT.—

1 (1) IN GENERAL.—The Secretary of Veterans
2 Affairs shall—

3 (A) enter into a subcontractor with an ap-
4 propriate entity for the development of care co-
5 ordination software;

6 (B) carry out a conference for recovery co-
7 ordinator tool validation; and

8 (C) carry out a software pilot program.

9 (2) AUTHORIZATION OF APPROPRIATIONS.—
10 There is authorized to be appropriated \$1,200,000
11 to carry out this subsection.

12 (d) RECOVERY COORDINATOR TRAINING.—

13 (1) IN GENERAL.—The qualified nursing or
14 medical school is authorized to train 45 recovery co-
15 ordinators.

16 (2) AUTHORIZATION OF APPROPRIATIONS.—For
17 each of fiscal years 2010, 2011, and 2012, there is
18 authorized to be appropriated \$500,000 for training
19 authorized under this subsection.

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